

Certified Healthcare Leader (CHL) Pilot Exam (Oct 1 - 15, 2026)

Revised April 2026



The Pilot Exam is only available October 1-15, 2026. All pilot applications must be received by September 15, 2026. Pass/fail exam results will not be released until late November, 2026.

CHL certification is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Sterile Processing department. CHL's are indispensable members of the healthcare team who are responsible for managing the daily operations of the Sterile Processing department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and intra-departmental communications.

To earn CHL certification, candidates are required to **hold a CRCST certification** through HSPA and to demonstrate skills through the successful **completion of an examination** developed to measure the understanding of general sterile processing, infection prevention, and management topics. Candidates must also meet one of three eligibility pathways, as highlighted in **Section 4**. Those certified as a CHL are required to recertify annually through completion of continuing education requirements.

Please read and complete each section fully and accurately in clear, legible handwriting or type. The completed application and full payment must be received for processing. Applications are typically **processed within three to four weeks**. A **\$98 pilot exam fee** is required at the time of submission. Please note that \$25 of the \$98 is a non-refundable application fee. Once your application has been fully processed, you will receive an email with instructions on how to schedule your exam and details about your eligibility window. **It is your responsibility to schedule your pilot exam within the two week eligibility period.** Please note that scheduling information is not available by phone.

All applications are subject to verification. You and/or your manager or supervisor may be asked to provide additional information or documentation to complete your application. If contacted, **you will have 120 days to submit the requested information. Failure to do so within this timeframe will result in cancellation of your application, and you will forfeit your exam fee.** To apply again, you will be required to submit a new application along with a separate exam fee.

Additional information on certification requirements, policies, and procedures is available in the HSPA Certification Handbook and at myhspa.org/certification. For further assistance, contact HSPA at 312.440.0078 or certification@myhspa.org.

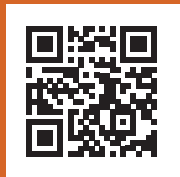
Please complete each page and submit your application online or by mail:

Online: <https://dashboard.myhspa.org/certification>

Mail: HSPA, 55 West Wacker Drive, Suite 501, Chicago, IL 60601

If you're paying by credit/debit card, we ask that you submit your application online. For video help with applying online, please use this QR code:

If you are paying by check or money order, please submit this application by mail.



HSPA complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. HSPA will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant.

HSPA's "Americans with Disabilities Policy Statement" can be found in full at myhspa.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you submit HSPA's [Special Accommodations form](#), to be reviewed with your application.

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Application Checklist

- I confirm that I am ready to sit for the CHL exam within the beta testing window (Oct 1 - 15, 2026), once my application is approved.
- Section 1: Applicant Information** - I have completed the applicant information.
- Section 2: Standards of Conduct, Disclosure and Attestations** - I have read, signed, and dated the Statement of Understanding.
- Section 3: Application Fee** - I have included a signed check/ money order in the amount of \$140 USD.
- Section 4: Certification Prerequisites** - I hold a full CRCST certification in good standing and satisfy at least one of the three additional requirements as listed:
 - Option A: Minimum of 12 months full-time (or 2080 hours part-time equivalent) in Sterile Processing.
 - Option B: Minimum of 12 months full-time (or 2080 hours part-time equivalent) in a leadership role.
 - Option C: Minimum of an associate's degree (or higher).
- Section 5: Prerequisite Documentation** - A Manager/ Supervisor/HR Representative has signed off on my Experience Verification Form for either Option A or B, OR I have included the appropriate documentation for Option C.

SECTION 1: Applicant Information

Please enter your first and last name as they appear on your primary government issued photo ID.

Mr. Mrs. Ms. Dr. HSPA ID# (Optional): _____

Applicant First Name: _____

Applicant Last Name(s): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Employment Information (if available)

Organization Name: _____

Current Position Title: _____

Business City and State/Province: _____

Country (if outside the USA): _____

Business Telephone: _____ Business Email: _____

An email is required. Confirmation and scheduling information will be sent by email. Please check which email you would like to be used for correspondence: personal business

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SECTION 2: Standards of Conduct, Disclosure and Attestations

APPLICATION STATEMENT OF UNDERSTANDING

I hereby apply to take the CHL exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the HSPA Certification Handbook (available online at myhspa.org) and agree to abide by the certification program's policies and procedures, and adhere to the Association's code of conduct. I agree to inform HSPA, without delay, of any matter that affects my ability to fulfill the certification requirements.

I further certify that the information provided by and about me on this form (and any other subsequent documentation submitted in relation to my certification) is accurate and correct. I understand that the information I provide to HSPA may be audited for verification. I agree to provide any information necessary to verify my experience and authorize HSPA to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which is determined to be false or purposefully misleading, or in violation of any portion of the Code of Conduct and/or other policies and procedures, may result in disciplinary action, including the possible denial or revocation of certification, as outlined in the disciplinary policy.

Release of Exam Results

I understand that a Pass/Fail notice will be available to me by email in late November, 2026, and that HSPA will only release my pass/fail result directly to me, in written format, at the preferred email address provided herein. If I do not pass my exam, a result report containing an indication of my performance in each of the content domains will be provided in my online portal, and an email will be sent to me once they are available. Pass/fail notifications are not available orally and will not be provided to 3rd parties without my prior express written consent. Upon request, HSPA will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to HSPA on this form, and in regard to my certification exam, will be used in accordance with HSPA's Confidentiality Policy, included in the Certification Handbook and available online at myhspa.org. If I request and am granted special testing accommodations, HSPA may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If HSPA is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____

Signature (must be handwritten): _____

Date: _____

SECTION 3: Application Fee is \$98 USD

Payment must be submitted with the application for processing. We cannot accept purchase orders or payments by phone. **The \$98 pilot application fee includes the cost to take the exam one time, as well as a \$25 non-refundable submission fee.** Subsequent examinations and testing are subject to additional testing fees.

I have enclosed a Check or Money Order (payable to HSPA) in the amount of \$98.

If you are paying by credit card, please submit this application online at <https://dashboard.myhspa.org/applications>

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SECTION 4: Certification Prerequisites

A CRCST certification with HSPA is required before applying for the CHL examination. Please verify that you hold a current, full CRCST certification:

I hold a current, full CRCST certification through HSPA.

In addition, applicants must meet **at least one** of the following criteria (select only one option, even if you qualify for more than one). *Please check the applicable box and provide appropriate documentation as indicated.*

Option A: Experience in Sterile Processing

- Minimum of 12 months full-time (or 2080 hours part-time equivalent) in Sterile Processing.
- Documentation: Completed Sterile Processing Experience Verification Form (Option A – page 5).

Option B: Leadership Experience

- Minimum of 12 months full-time (or 2080 hours part-time equivalent) in a leadership role.
- Documentation: Completed Leadership Experience Verification Form (Option B – page 6).

Option C: Educational Requirement

- Minimum of an associate's degree (or higher).
- Documentation: Please review the list of acceptable documentation on page 7, and attach proof of your degree with your application.

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OPTION A: STERILE PROCESSING EXPERIENCE VERIFICATION FORM

Please Note: *This verification form is only required if you are qualifying for the CHL examination through **Sterile Processing Experience**. If you are qualifying with Option B or C as indicated in Section 4, you do not need to submit this form.*

Instructions

This page must be completed in full by a Manager, Supervisor, or HR Representative who can verify the applicant's work experience. If the applicant completes any portion of this page, the application will be rejected.

To qualify for CHL Certification, applicants may meet eligibility through one of several pathways. This form is used only when the applicant is qualifying through work experience within a Sterile Processing Department. As the verifier, you are asked to confirm that the applicant has completed at least 12 months of full-time employment (or 2080 hours part-time equivalent) in a **Sterile Processing Department**.

- If this form is not completed by an HR representative, the verifier must hold a position higher than the applicant at the time of their employment (e.g., Coordinator, Supervisor, Manager, Director, Chief).
- If the applicant's qualifying experience was obtained with multiple employers, a separate copy of this page must be completed by each Manager/Supervisor/HR Representative, clearly indicating the number of hours completed at each place of employment.
- Verifiers must provide work contact information. Personal contact information will not be accepted.

Applicant Experience Information

To be completed by a Manager, Supervisor, or HR Representative who can attest to the information as listed below. **If the applicant completes any portion of this page, the application will be rejected.**

Printed Name of Applicant: _____

I am completing this form on behalf of the applicant listed above to verify that they have completed at least 12 months of full-time (or 2080 hours part-time equivalent) experience in a **Sterile Processing Department**.

Dates of Experience:

From (month/year) _____ / _____ to (month/year) _____ / _____ or Present (Circle)

Is the Applicant a Current Employee: yes no

Name of Employer Where Experience Was Obtained: _____

Employer Address: _____

City, State/Province, Zip/Postal Code: _____

Your Printed Name: _____

Your Current Position: _____

Work Phone (with extension): _____

Work Email*: _____

*Please note that personal email addresses are not permitted. You must provide a work email address (ex. Name@facility.com) to verify the applicant's experience.

I attest that the applicant listed above has completed the appropriate minimum experience required as indicated for the Certified Healthcare Leader (CHL) certification. I further understand that I may be called upon to verify this information in further detail.

Signature (must be handwritten): _____ **Date:** _____

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OPTION B: LEADERSHIP EXPERIENCE VERIFICATION FORM

Please Note: *This verification form is only required if you are qualifying for the CHL examination through **Leadership Experience**. The leadership role does not have to be from a Sterile Processing Department. This leadership experience may be from another job or industry, as long as the position(s) involved at least 3 of the 6 areas of leadership defined in the "Applicant Experience Information" section below. **If you are qualifying with Option A or C as indicated in Section 4, you do not need to submit this form.***

Instructions

This page must be completed in full by a Manager, Supervisor, or HR Representative who can verify the applicant's work experience. If the applicant completes any portion of this page, the application will be rejected.

To qualify for CHL Certification, applicants may meet eligibility through one of several pathways. This form is used only when the applicant is qualifying through work experience in a **Leadership Role**. As the verifier, you are asked to confirm that the applicant has completed at least 12 months of full-time employment (or 2080 hours part-time equivalent) in a leadership position.

- If this form is not completed by an HR representative, the verifier must hold a position higher than the applicant at the time of their employment (e.g., Coordinator, Supervisor, Manager, Director, Chief).
- If the applicant's qualifying experience was obtained with multiple employers, a separate copy of this page must be completed by each Manager/Supervisor/HR Representative, clearly indicating the number of hours completed at each place of employment.
- Verifiers must provide work contact information. Personal contact information will not be accepted.

Applicant Experience Information

To be completed by a Manager, Supervisor, or HR Representative who can attest to the information as listed below. **If the applicant completes any portion of this page, the application will be rejected.**

Printed Name of Applicant: _____

I am completing this form on behalf of the applicant listed above to verify that they have completed at least 12 months of full-time (or 2080 hours part-time equivalent) experience in a **Leadership Role**.

Please verify that the applicant has documented experience in at least three (3) of the following areas (initial all that apply):

_____ Preceptorship / Training _____ Education _____ Delegation _____ Facilitation / Supervision
_____ Process Improvement _____ Quality Management / Assurance

Dates of Experience:

From (month/year) _____ / _____ to (month/year) _____ / _____ or Present (Circle)

Is the Applicant a Current Employee: yes no

Name of Employer Where Experience Was Obtained: _____

Employer Address: _____

City, State/Province, Zip/Postal Code: _____

Your Printed Name: _____

Your Current Position: _____

Work Phone (with extension): _____

Work Email*: _____

*Please note that personal email addresses are not permitted. You must provide a work email address (ex. Name@facility.com) to verify the applicant's experience.

I attest that the applicant listed above has completed the appropriate minimum experience required as indicated for the Certified Healthcare Leader (CHL) certification. I further understand that I may be called upon to verify this information in further detail.

Signature (must be handwritten): _____ **Date:** _____

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OPTION C: EDUCATIONAL REQUIREMENT

Please Note: *This page is intended for those qualifying for the CHL examination through a **minimum of an associate's degree (or higher)**. The associate's degree may be in any field of study; it does not need to be related to Sterile Processing or healthcare specific. **If you are qualifying with Option A or B as indicated in Section 4, you do not need to submit this documentation.***

Instructions

To qualify for CHL Certification, applicants may meet eligibility through one of several pathways. This list of acceptable documentation below is provided for applicants who are qualifying through the **Educational Requirement**. Applicants will need to provide the appropriate documentation to satisfy they meet the requirement of a minimum of an associate's degree (or higher).

Please submit one (1) of the following as proof of your degree:

- Official college transcript (mailed directly from the institution or submitted in a sealed envelope)
- Unofficial transcript (must clearly display your name, institution, degree awarded, and graduation date)
- Copy of diploma (must include your name, institution name, and degree earned)
- Copy of eTranscript from the issuing institution
- Degree verification letter from the college or university registrar's office

Please indicate how you will be submitting your documentation:

- Online:** <https://dashboard.myhspa.org/certification>
- Email:** certification@myhspa.org
- Mail:** HSPA 55 West Wacker Drive, Suite 501, Chicago, IL 60601
 - Direct from institution
 - Included with application (attached)